

Case Number:	CM13-0058845		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2010
Decision Date:	05/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 69-year-old male who sustained an unspecified injury on 11/18/2010. The injured worker was evaluated on 10/22/2013 for complaints of left foot and ankle pain. The documentation indicated the injured worker had undergone a procedure to the left foot on 07/10/2013. The physical examination of the injured worker's back noted the injured worker to have no deformity, no shift, no scarring, no swelling, no tenderness to palpation, full range of motion, normal reflexes, normal strength, normal sensation, negative straight leg raising, and negative facet loading.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LEFT L5 SELECTIVE NERVE ROOT BLOCK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: The request for left L5 selective nerve root block is non-certified. The documentation submitted for review did not indicate the injured worker had abnormal findings of the low back upon evaluation. The California MTUS Guidelines recommend the use of epidural

steroid injections as an adjunct to a more active treatment program. The documentation submitted for review did not indicate the injured worker was participating in a more active treatment program. The guidelines additionally recommend the use of epidural steroid injection for injured workers with radiculopathy which is corroborated by physical examination findings and imaging studies. The documentation submitted for review did not indicate the injured worker had physical examination findings to corroborate a finding of radiculopathy. The guidelines recommended epidural steroid injections for injured workers when they are initially unresponsive to conservative care to include a physical modality. The documentation submitted for review did not have evidence the injured worker had participated in conservative care to include a physical modality such as physical therapy. Given the information submitted for review, the request for left L5 selective nerve root block is non-certified.